

CUSTOMER SATISFACTION SURVEY

An integral aspect of our ISO 9001:2000 Quality Management System is to strive for continuous improvement in the quality of our products and service. Your input is critical in helping us identify aspects of our product and service quality that could be improved. We are also asking for your help in identifying the primary contacts who will be working with our products on a regular basis, and the department where our products will be used to assist us in the event that we need to contact you regarding the safety of your product. Please take a few minutes after you have placed our products in service to complete this survey and return it to us. Thank you!

Table Model: _____ Serial #: _____

Facility: _____ Address: _____

Please fill out the form below this line.

Contact Name: _____ Phone: _____

Alt. Contact: _____ Phone: _____

Department: _____ Fax: _____

Check one:

Did the Sales Person provide you with Literature, Quotes and assistance in a timely manner?

Did the table arrive in satisfactory condition?

Did the table instructions clearly detail table operations?

Did the items purchased meet the Quote and Purchase Order specifications?

How would you describe your overall satisfaction?

Completely Satisfied	Satisfied	Not Satisfied

Comments:
